

FILED APR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8806
State File No. 1346

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>40 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kansas City Tuberculosis Hosp.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>2606 E 31st St. 3380</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jesse</u> b. (Middle) <u>H.</u> c. (Last) <u>Lentz</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 21 - 1950</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 25, 1878</u>		9. AGE (In years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done for the most of working life, even if retired) <u>Slayer</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Thomas Lentz</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Rittenberger</u>	
14. NAME OF HUSBAND OR WIFE <u>Ella Mae Lentz</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>487-10-1147</u>		17. INFORMANT'S SIGNATURE AND NAME <u>H.C.T.B. Hospital - H.C. Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Far advanced Pulmonary Tuberculosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____					
22. I hereby certify that I attended the deceased from <u>Feb. 16, 1950</u> to <u>Mar. 21, 1950</u> , that I last saw the deceased alive on <u>March 21, 1950</u> , and that death occurred at <u>2:25 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>George K. Landis</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>H.C.T.B. Hospital</u>		23c. DATE SIGNED <u>3-21-50</u>	
24a. BURIAL CREMATION REMOVAL <u>REMOVAL</u>		24b. DATE <u>MAR. 24 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DAK HILL CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>CARROLLTON MO</u>	
DATE REC'D BY LOCAL REG. <u>3-22-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. G.L. Foster</u>		ADDRESS <u>K.C. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

C. K. Barnes

Student Embalmer No. *348*

working under my personal supervision.

Student *Clayton Barnes*

Student Embalmer

Signed _____

Joe B. Yoder

Licensed Embalmer No. *4173*

P. O. Address *K. C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.